

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 3372-0108P																																					
Application No. 09/960,351-Conf. #6239	Filing Date September 24, 2001	Examiner A. Q. Shang		Art Unit 2623																																					
Applicant(s): Anders LINDBERG																																									
Invention: METHOD OF RECEIVING INFORMATION																																									
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is a Supplemental Amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>																																									
<p><b>CLAIMS AS AMENDED</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">0</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">0</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 210.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="6"><b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/></td> </tr> <tr> <td colspan="6"><b>Other fee (please specify):</b></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	0	- 20 =	0	x 50.00	0.00	Independent Claims	0	- 3 =	0	x 210.00	0.00	<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>						<b>Other fee (please specify):</b>						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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<p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>																																									
 Michael R. Cammarata Attorney Reg. No.: 39,491			Dated: <u>February 7, 2008</u>																																						
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																									